

NATIONAL HEALTH DEVELOPMENT NETWORK (HEALTH FOR ALL NETWORK)*

Paper prepared by the World Health Organisation

The paper on Health and the Family prepared for the meeting by the Commonwealth Secretariat has two aspects which can be discussed together as they both call for a common mechanism to be developed.

2. The first aspect of the paper illustrates the wide range of topics and subject areas covered. This is necessary because public health is an outcome of many interrelationships. For example, health is influenced by a number of different programmes many of which lie outside the health sector, such as family health, nutrition, health education, family planning, housing and urban slums, water and sanitation and agriculture; by the policies and managerial capacity of health administrations and the quality of care provided; by activities and attitudes of many professional and non-professional groups such as nurses, doctors, community health workers, traditional healers, teachers and universities; by social organisations such as women and youth groups, the media; and by political and economic structures which determine, for example, land ownership, income distribution, employment opportunities and access to education and literacy levels. This immediately emphasises the need for a very wide range of disciplinary skills and resources.

3. The second aspect of the paper relevant and related to this multiplicity of different kinds of expertise required is the need for multisectoral collaboration in planning for health. Paragraphs 44, 45, 53 deal with the need for some specific arrangements to be made to facilitate "the requisite multisectoral collaboration, the delegation of responsibility, the harmonisation of related interests, the determination of priorities, the choice of training and educational methods, the provision of the necessary facilities and resources". Three very pertinent questions are also asked: "What arrangements have been made for intersectoral planning and collaboration in finance, health education, agriculture, etc.? How can the necessary follow-up action on agreed health policies be achieved? What would be the appropriate administrative and legislative framework for promoting it?"

4. It is probably true to say that, based on the strategies and plans of action for HFA/2000 that have now been prepared by countries, resolutions of the World Health Assembly, the Executive Board and Regional Committees and the work of other bodies, most countries know fairly well at a level of generality the changes that must be introduced if the goal of HFA/2000 is to be reached. What seem to be lacking in many countries are firstly an awareness of the social, economic and political implications, combined with a willingness to confront and tackle these, and secondly effective mechanisms or appropriate organisations which can support ministries of health and governments in implementing the needed reforms and monitoring the

* A mechanism for bringing together functionally institutional and human resources to tackle the technical aspects of PHC and HFA/2000.

change process. These two are, of course, interrelated: political will is necessary to set up effective organisational structures and the activities of such organisations can mobilise and reinforce political commitment.

5. Two mechanisms have been advocated by the WHO Executive Board in its document on Formulating Strategies for Health for All by the Year 2000. The first, referred to as National Health Council (NHC), would provide political backing for and endorsement of HFA policies and strategies, and ensure that health goals are properly articulated and reconciled with the overall social and economic development policies of the country. It would provide for effective intersectoral collaboration for achieving health goals at the national policy level, and political support for greater community involvement and decentralization processes. The second, referred to as National Health Development Network (NHDN) or Health for All (HFA) Network, would provide the technical support for the NHC. It would offer technical information support for formulation of policies and prepare broader plans for action: it would bring together the necessary technical expertise covering the wide range of disciplines required for planning and management of health for all strategies, and for supporting relevant research and training.

6. This paper provides information on proposed functions and organisation of these mechanisms, particularly the latter. It is hoped that this information will facilitate your discussion and exchange of ideas on how these mechanisms could be established or strengthened where they exist. WHO is ready to collaborate with individual countries and your Secretariat in this endeavour.

HEALTH FOR ALL NETWORK

Definition

7. A "Health for All Network" is a mechanism through which the institutional and human resources available within a country are mobilised and coordinated to support strategies for achieving health for all both within and outside the conventional health sector. The Network consists of a focal point or nucleus around which this mobilisation and coordination of a number of institutions takes place. The Network functionally links the ministry of health, relevant departments of other ministries including finance, planning, agriculture, public works, education, housing, industry, communication and the environment, academic and research institutes and professional and voluntary organisations.

8. The composition of the "Health for All Network" will vary by country. It may be expected to change over time as the role and contribution of various institutions wax and wane and in response to evolving needs. Essentially, it is a mechanism for energising existing resources and focusing them on new priorities in health development.

Functions

9. As the composition of the network will vary by country so also will its functions and the responsibilities assigned to it. Various components of the network would be responsible for the following activities.

*Planning for health**

10. Institutions forming the network will play a major role in the development of multisectoral health plans and programmes required to meet the health for all objective. Relevant institutions and responsible government agencies or departments would implement their respective components, but the network, through its focal point or secretariat, would ensure that such planning activities are properly coordinated, and ensure that the planning procedures are closely linked with and support the policy and political decision-making bodies.

Information and evaluation

11. The Network will also deal with the development and application of health and health-related indicators which will contribute directly to policy formulation, planning and evaluation. Indicators will be needed to measure changes in health in particular vulnerable groups, changes in the social structure, access to social services and the participation of the community.

12. Assessing the relative impact, both positive and negative, of various sectors on the health of the community will become increasingly important as programmes are implemented. There is also a need to collect, use and disseminate positive health indicators such as levels of child nutrition to supplement the more traditional but negative indices of mortality and morbidity: a need to disaggregate data using socio-economic variables and to find innovative and feasible methods of collecting relevant information.

Research

13. For the generation of appropriate and relevant information, the Network will be expected to identify and undertake priority research in a variety of areas. Examples include research on patterns of resource allocation within the health sector, and between participating sectors. The cost-effectiveness of existing health services must be compared with new approaches to service delivery. Appropriate technologies for health for application through the health delivery system, by community action, or by interventions in other sectors, need to be designed and tested. Multi-disciplinary research on environmental, social and economic causes of disease, and on the best ways to stimulate community action for health would, if used for planning and decision-making, contribute to more effective primary health care. There will also be a need for focused biomedical research on priority problems.

Training

14. The implementation of health for all programmes may involve major restructuring and reorientation of the health system. All health personnel must understand the social and technical implications of the new strategies, develop a positive attitude towards them and have the necessary skills at their command. Training responsibilities delegated to various institutions in the Network will involve their participation in planning processes, specifically the identification of functions and tasks that must be carried out by different categories of health-related personnel. Curricula and training methods consistent with new organisational structures and redefined role models must also

* Health planning usually refers to planning health services. This term is proposed to emphasise the wider scope of planning to achieve health.

be developed. Various categories of personnel contributing to health and development must be trained and reoriented to their new roles. Opportunities for joint training of health workers with other sector extension workers would be developed where relevant. The functions of the network outlined above are not intended to replace all the managerial and training functions within the health system. The health system itself will continue to be responsible for many of the activities related to health services planning, operational management and health worker training. The network together with its focal point would ensure that these are coordinated with other managerial and training inputs from outside the system and provide support to health system activities in these areas where necessary.

Health for all focal point

15. The identification and appointment of a focal point or secretariat for the NHDN is the first step towards the development of the network. The main function of the focal point would be the administrative coordination of network functions. In some countries it would function as a secretariat for the National Health Council and have prime responsibilities for preparatory work in planning programmes to translate policies into action programmes and evaluating achievements. For this it must have close links with, and be strongly supported by the highest development authorities. It is recognised that the size, location and responsibilities for the focal point will vary from country to country.

16. This secretariat is seen as the principal mechanism to mobilise the nation's institutional and human resources in support of the health for all objective.

17. In addition to functions and responsibilities related to policy formulation and planning, it will provide technical support to the high-level political body such as the NHC, including the identification of issues for which new health legislation is required to advance the health for all objective.

18. In some countries the secretariat would take the lead in identifying and mobilising the relevant human and institutional resources in the network and direct them to specific parts of the overall plan of action, while in other countries it may simply act as an administrative coordinator of institutions involved in the network.

19. The secretariat will have an important information and communication function. It will inform the various constituencies in the Network of the objectives and intent of the health for all programme. At the same time it will be sensitive to the opinions of the populations - individuals, communities and special groups such as health workers - and reflect these views in the plans and programmes that are formulated.

20. The secretariat will ensure the coordination and development of multisectoral health plans, and be responsible for identifying the technical resources, both national and international, that can be mobilised to contribute to the health for all objective.

21. The secretariat should actively promote the decentralisation of responsibility and authority for primary health care. Regardless of the organisational form adopted at the central and provincial or state levels it must be continually recognised that the success of the primary health care approach requires community participation in the design and delivery of health services and in the implementation of

other development projects that can be expected to improve the health status of the community.

22. The secretariat will take the lead in identifying problems that require research and in matching the research problem with an appropriate institutional resource that can address it. It will monitor the research and use the results to further policy formulation.

23. The secretariat will also have responsibility for identifying weaknesses and gaps in the network of national resources that can be directed to problem-solving. It will be expected to develop plans and strategies to overcome these weaknesses through the strengthening of existing institutions or the development of institutional capacities that are essential to the health for all objective but do not presently exist.

24. As the various components of the health for all programme are implemented by the responsible sectors, the secretariat will assume a monitoring role. This will include the development of mechanisms to assess the impact of various policies and interventions in terms of improving the health status of the population.

Composition

25. The "Health for all focal point" might consist of one of the participating institutions of the network, or a specifically formed unit consisting of a small full-time staff with experience in health and development policy, planning and implementation. The staff appointed to the secretariat should have the confidence of policy-makers.

Location of the secretariat

26. It is expected that the location of the "Health for All Secretariat" will vary by country. In some countries with a strong planning unit within the ministry of health it may be located there. In other countries it may be established within the planning ministry with close ties to the ministry of health and other departments of the government. In countries with a national policy-making body for health, the secretariat could serve as the technical arm of that body.

27. Also the secretariat could be established as a technical unit within the office of the President or Prime Minister, or as a semi-autonomous body with close links to the ministry of health.

28. Wherever it is located, the secretariat should be seen as the nucleus around which health for all policies, plans and programmes are developed. It must therefore have both the necessary resources, skills and authority to carry out its policy-formulating and planning responsibilities.

Summary

29. The mechanism discussed in the preceding paragraphs is adjustable to the needs and conditions of most, if not all, countries. Once a country is committed to attaining health for all by the year 2000, it must establish or designate a mechanism to lead the programme, and to mobilise a wide range of institutional and human resources. Whatever organisational structure it chooses to lead the programme, it in effect becomes the "Health for All Secretariat" and however it chooses to mobilise national resources and apply them to the programme is in effect the "Health for All Network".

NATIONAL HEALTH COUNCILS

30. The Executive Board document on formulation of strategies referred to above refers to PHC as follows.

31. "Governments, in fulfilment of their important function of mobilising professional and public support for, and participation in, the development and control of the new policies, strategies and plans of action, may find it useful to establish or strengthen national health councils. The constitutional position of these councils has to be made as clear as possible. They would normally be of an advisory nature, being accountable in some countries to the ministry of health and in others to the highest executive or legislative authorities. Such councils could be particularly valuable in ensuring that health systems are developed as an integral part of overall social and economic development. National health councils might therefore be composed of personalities representing a wide range of interests in the fields of health and political, economic and social affairs as well as the population at large, including the rural population. In this context the whole range of policy questions affecting health and socio-economic development could be explored jointly, thus sensitising health leaders to social and economic realities, social and economic representatives to health realities, and all of them to the realities of health service consumers. It might be useful also to create such councils at other levels, depending on the size and political administrative system of the country".

32. The Commonwealth countries have varied experience in the development and use of the above two mechanisms in tackling the problems identified in the Commonwealth Secretariat paper on Health and the Family. One way in which the Secretariat could support countries in the development of these mechanisms is through facilitating the exchange of experience between countries in developing these types of techniques and problems encountered and successes achieved.